



FELLOWSHIP OF EVANGELISTS AND MINISTERS

AFFILIATION APPLICATION FORM

Please Note: Only Members can affiliate their church, society or organisation.

Church / Organisation
and
Personal Data

Name of Church or Organisation

Address

Telephone Number

Email

Please provide the name and address of the church leader, or your own if you are that person.

Telephone

Briefly state why you are requesting affiliation with FEM.

Do you FULLY agree with the Constitution and Statement of Faith of the Fellowship of Evangelists and Ministers?

☐

YES

☐

NO

For office use only

Date application
received:

Signature

Date

Please contact us at femfellowship@gmail.com for an address to mail your application form.